



Albert Einstein Academy of Ohio

Tuition Free, Public Community Schools K-12
Lakewood, North Olmsted, and Strongsville
440-471-4982 / 440-617-6809 fax
www.aeao.org

*Kristen Thomas, M.S.
Superintendent of Schools*

2022 – 2023

Hello and welcome to AEA!

It is my pleasure to welcome you to AEA on behalf of the faculty, staff, and the Board of Education. AEA is a dynamic, educational environment designed specifically to meet the needs of our students and families. We are happy you are joining us.

We are a tuition-free public-school option for students and families living in any community in the state of Ohio. We believe that full-day Kindergarten is necessary to serve the developmental needs of young learners. We are happy to support that need by offering full day, tuition-free Kindergarten both in North Olmsted and Strongsville. All AEA teachers are licensed and highly qualified. We only hire exceptional faculty and staff.

Additionally, we serve the needs of special education students at all levels, by providing services including psychological assessments, speech and language therapy, physical therapy, and learning interventions. We also offer a comprehensive program for students with Autism who need specific learning and behavioral supports. The 2022 – 2023 school year marks year 10 for Albert Einstein Academy of Ohio. We have grown from our initial campus in Westlake, with 72 students in 2013 to a current projected enrollment 450 students in 2022. We have 3 campuses located in Lakewood (grades 7-12), Strongsville (grades K-11), and North Olmsted (Grades K-12).

It is a great time to be a student at AEA and we look forward to your family joining us!

Sincerely,

Kristen Thomas, M.S.

Pronouns: She/Her/Hers

Superintendent / Human Resources

Phone: (440)471-4982 Fax: (440)617-6809

www.aeao.org

Administrative Offices located at 25000 Country Club, Suite 135, North Olmsted, Ohio 44070

Our Schools continue to grow by referrals from our current families and students. Thank you for recommending AEA.

This message and any response to it is being archived and may constitute a public record, and therefore may be available upon request (ORC 149.43)



Checklist For Student Documents

- _____ \$50.00 Instructional fee per child (up to 2 children)
- _____ Completed enrollment form
- _____ Request for student records form
- _____ Copy of student's birth certificate
- _____ Copy of student's social security card
- _____ Copy of student's immunization records (**New required for 7th & 12th grades**)
- _____ Copy of Proof of residency (See form attached)
- _____ Copy of custody / guardianship papers (If applicable)
- _____ **Grades 9 - 12:** copy of unofficial high school transcript
- _____ Copy of IEP / 504 Plan (If applicable)
- _____ Household income Form / Title 1 (Fee Waiver)
- _____ Special Services Questionnaire (if applicable)
- _____ Emergency medical authorization
- _____ Medical record
- _____ Home Language survey
- _____ Community service requirement form
- _____ Student expectations & standards form
- _____ Student - parent directory release form
- _____ Photo & videotape release form
- _____ Pick-up authorization form

This folder also contains reference sheets for parents. They include the school calendar, teaching philosophy, proof of residency guidelines, immunizations list and information, and the Superintendent's welcome letter.

Please send all paperwork to enrollment@aeaohio.org. You may also drop off enrollment forms to any AEA school office. .



ENROLLMENT APPLICATION: SCHOOL YEAR 2022-2023

PLEASE PRINT

Please Select Campus:

Lakewood Strongsville North Olmsted

STUDENT INFORMATION																
LEGAL NAME (FIRST, MIDDLE, LAST):	GRADE FALL 2022 (CIRCLE ONE):															
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">K</td><td style="width: 10%;">1</td><td style="width: 10%;">2</td><td style="width: 10%;">3</td><td style="width: 10%;">4</td><td style="width: 10%;">5</td><td style="width: 10%;">6</td> </tr> <tr> <td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td></td> </tr> </table>		K	1	2	3	4	5	6	7	8	9	10	11	12	
K	1	2	3	4	5	6										
7	8	9	10	11	12											
PREFERRED NAME:	PRONOUNS:															
STREET ADDRESS, CITY, ZIP CODE																
EMAIL ADDRESS:	HOME PHONE + AREA CODE:	DATE OF BIRTH (MO/DAY/YEAR):														
STUDENT LIVES WITH: MOTHER, FATHER, BOTH, OTHER:	PLACE OF BIRTH (CITY, STATE, COUNTRY):	SEX ASSIGNED AT BIRTH (CIRCLE): MALE FEMALE														
SIBLING(S) ATTENDING AEA:	PREVIOUS SCHOOL 2021-2022	GENDER: (CIRCLE ONE BELOW)														
NAME: GRADE:		MAN WOMAN														
		NON-BINARY TRANSGENDER														
		DISTRICT OF RESIDENCE 2021-2022														

FATHER/LEGAL GUARDIAN 1		
NAME (FIRST, MIDDLE, LAST)		RELATIONSHIP TO STUDENT
STREET ADDRESS	CITY	ZIP CODE
HOME TELEPHONE NUMBER + AREA CODE	WORK TELEPHONE NUMBER + AREA CODE	CELL PHONE + AREA CODE
EMAIL ADDRESS		
MOTHER/LEGAL GUARDIAN 2		
NAME (FIRST, MIDDLE, LAST)		RELATIONSHIP TO STUDENT
STREET ADDRESS	CITY	ZIP CODE
HOME TELEPHONE NUMBER + AREA CODE	WORK TELEPHONE NUMBER + AREA CODE	CELL PHONE + AREA CODE
EMAIL ADDRESS		

ADDITIONAL STUDENT INFORMATION:	
WHAT SCHOOL DISTRICT DO YOU CURRENTLY LIVE IN?	
NAME OF LAST SCHOOL ATTENDED	DATE OF LAST ATTENDANCE
ETHNIC CODE (CHECK ALL THAT APPLY)	
<input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> BLACK <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE	
* IS YOUR CHILD OF HISPANIC OR LATIN HERITAGE? YES NO	
*IF STUDENT IS MULTI-RACIAL, PLEASE CHECK ALL BOXES THAT APPLY	
MIGRANT OR HOMELESS STATUS	
IS THE STUDENT, THIS STUDENT'S PARENT, GUARDIAN OR SPOUSE OF A MIGRATORY WORKER?	
YES OR NO	
NATIVE LANGUAGE	
IS ENGLISH THE STUDENT'S NATIVE LANGUAGE? _____	
IF NO, PLEASE IDENTIFY THE STUDENT'S NATIVE LANGUAGE. _____	
PLEASE CHECK YES OR NO FOR THE FOLLOWING THAT APPLY:	
a) STUDENT WAS BORN IN THE UNITED STATES YES NO	
b) RESIDES IN A HOME IN WHICH A LANGUAGE OTHER THAN ENGLISH IS USED FOR COMMUNICATION YES NO	
c) RESIDES IN A HOME IN WHICH A LANGUAGE OTHER THAN ENGLISH HAS A SIGNIFICANT IMPACT ON HIS/HER LEVEL OF UNDERSTANDING OF THE ENGLISH LANGUAGE YES NO	
PARENT/GUARDIAN SIGNATURE	
I/WE HAVE REVIEWED THE APPLICATION AND TO THE BEST OF MY/OUR KNOWLEDGE, THE INFORMATION THAT HAS BEEN PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT GIVING FALSE, OR INCOMPLETE, INFORMATION REQUESTED HEREIN WILL RISK DELAY IN THE PROCESSING OF THE ABOVE-NAMED STUDENT APPLICATION AND MAY JEOPARDIZE ENROLLMENT AT ANYTIME AT THE ALBERT EINSTEIN ACADEMY.	
NAME OF PARENT/GUARDIAN (PRINTED):	RELATIONSHIP TO STUDENT:
SIGNATURE OF PARENT/GUARDIAN:	DATE

Does your child currently have an IEP? _____

Does your child currently have a 504 plan? _____

How did you hear about AEA? _____

PLEASE RETURN COMPLETED FORMS BY:

EMAIL: enrollment@aeaohio.org

MAIL: ALBERT EINSTEIN ACADEMY
 ENROLLMENT
 25000 Country Club Blvd. #135
 North Olmsted, Ohio 44070

FAX: 440-617-6809



Request for Student Records

To the Parent/Guardian: Please complete, sign, and return to AEA as soon as possible.

Student Name: _____
(Last) (First) (Middle)

Current Grade: _____ **Date of Birth:** _____

Previous School: _____

School Address: _____

School Phone: _____ **School Fax:** _____

I hereby authorize _____ (previous school) to release school records on file for the above-named student to the Albert Einstein Academy for Letters, Arts, and Sciences.

Parent/Guardian: _____ **Relationship** _____
(Print Name)

Parent/Guardian: _____ **Date:** _____
(Signature)

To the Current School: The student above is registering at the Albert Einstein Academy. To aid our enrollment process, please send the following information for the student:

- All report cards/progress reports
- Results of all standardized tests and evaluations
- Results of all cognitive abilities tests and evaluations
- Psychological reports
- Results of all criterion-referenced tests and evaluations
- All Special Education Records including current ETR, IEP, and/or behavioral plan
- School disciplinary records
- Counseling reports
- Current health records
- Current 504 Plan

Please provide SSID # to this student: _____

Please send this information (including this form) to the address listed below. Should you have any questions, please feel free to contact admissions.

AEA Phone: 440-471-4982.
AEA School Fax: (440)-617-6809
enrollment@aeaohio.org

Albert Einstein Academy of Letters, Arts, and Sciences
Attn: Student Records Request



Immunizations

Dear Parents / Guardians:

The Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code require that all students enrolled in Kindergarten through Grade 12 have written proof that they have received the following immunizations in their student files:

Kindergarten and School Age Entrance:

DPT/DTaP (Diphtheria, Pertussis, Tetanus) - 5 doses

RV (Rotavirus) - 3 doses

Hib (Haemophilus influenzae) - 4 doses

PCV 13 (Pneumococcal) - 4 doses

IPV (Polio / Poliomyelitis) - 4 doses

MMR (Measles, Mumps, Rubella) - 2 doses

Hepatitis A - 2 doses

Hepatitis B - 3 doses

Varicella (Chickenpox) - 2 doses

Influenza - recommended yearly

Grade 7:

DPT/DTaP (Diphtheria, Pertussis, Tetanus) - 1 dose

MCV4 (Meningococcal) - Dose 1 of 2

HPV (Human Papillomavirus) - *Recommended* - 3 doses

Grade 12:

MCV4 (Meningococcal) - dose 2 of 2

Please provide a copy of your child's current immunization record and return it with your registration packet.

The Ohio Revised Code states that any student who does not submit proof of these immunizations by the 15th day of school will be excluded from school attendance.



VACCINES	FALL 2021 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	Kindergarten Four or more doses of DTaP or DT, or any combination. If all four doses were given before the fourth birthday, a fifth dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is not required.* Grades 1-12 Four or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children ages 7 and older, with proper spacing. Grades 7-12 One dose of Tdap vaccine must be administered on or after the 10 th birthday. **
POLIO	K-11 Three or more doses of IPV. The final dose must be administered on or after the fourth birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four doses of either vaccine are required. Grade 12 Three or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth dose is required. If a combination of OPV and IPV was received, four doses of either vaccine are required.
MMR Measles, Mumps, Rubella	K-12 Two doses of MMR. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.
HEP B Hepatitis B	K-12 Three doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.
VARICELLA (Chickenpox)	K-11 Two doses of varicella vaccine must be administered prior to entry. The first dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid. Grade 12 One dose of varicella vaccine must be administered on or after the first birthday.
MCV4 Meningococcal	Grades 7-11 One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. Grade 12 Two doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****

- NOTES:**
- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. Schedules are available for print or download at <https://www.cdc.gov/vaccines/schedules/index.html>.
 - Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to five days earlier than the minimum interval or age are not valid doses and should be repeated when age appropriate. If MMR and Varicella are **not** given on the same day, the doses **must** be separated by at least 28 days with no grace period.
 - For additional information, please refer to the [Ohio Revised Code 3313.67](#) and [3313.671](#) for School Attendance and the ODH Director's Journal Entry (available at <http://www.odh.ohio.gov/Immunization:RequiredVaccinesforChildcareandSchool>). These documents list required and recommended immunizations and indicate exemptions to immunizations.
 - Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

* Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six months between the third and fourth doses and the fourth and fifth doses. If a fifth dose is administered prior to the fourth birthday, a sixth dose is recommended but not required.
 ** Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine. Children age 7 or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. If the series began at age 7-9, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.
 *** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.
 **** Recommended MCV4 minimum interval of at least eight weeks between the first and second doses. If the first dose of MCV4 was administered on or after the 16th birthday, a second dose is not required. If a pupil is in 12th grade and is 15 years old or younger, only one dose is required. Currently, there are no school entry requirements for meningococcal B vaccine.



Proof of Residency

We are required by the Ohio Department of Education to keep Proof of Residency on file for each student attending AEA. We must have **ONE** of the following for each student attending:

1. Voter registration card
2. Lease / rental agreement
3. Rent receipt
4. Mortgage statement
5. Utility statement
6. Bank statement

The Proof of Residency must be current and include your full name and Address. **No P.O. Boxes are permitted.**

If you move during the school year, you must provide a NEW Proof of Residency document.



Special Services Questionnaire

Student's Name: _____ **Grade in Fall 2022:** _____

Does your child receive any educational services/assistance or been given a diagnoses that has an impact on the child at school?

Yes No Decline to answer

If yes, please explain. _____

Please list any medications prescribed for your child relating to his/her current special needs.

What type of special education services or testing has your child received?

How long have these services been provided?

If your child has a current I.E.P. (Individual Education Plan) or 504 Plan please list the name of the district, the district contact and their phone number? Please attach a copy of the plan if you have one.

District Name: _____

District Contact: _____ Phone: _____ Ext. # _____

Please provide us with any additional comments/information that will help us support your child.

Signature of Parent or Legal Guardian(s)

Preferred Phone Number

Please print name of above signer

Relationship to Student



EMERGENCY MEDICAL AUTHORIZATION FORM

Date ___/___/___

Student Last Name _____ First Name _____ Grade _____

Student's Home Address (Street) _____ (City) _____ (Zip) _____

Student's Home Phone _____ Parent's email address _____ Birthday _____

Parent/Guardian 1 Name _____ Relationship (Mother, Father, etc...) _____ Daytime Phone _____

Parent/Guardian 2 Name _____ Relationship (Mother, Father, etc...) _____ Daytime Phone _____

Parent/Guardian 3 Name _____ Relationship (Mother, Father, etc...) _____ Daytime Phone _____

Please List Two Emergency Contacts

Emergency Contact Name _____ Relationship _____ Daytime Phone _____

Emergency Contact Name _____ Relationship _____ Daytime Phone _____

Medical Information

I hereby GIVE consent for the following medical care providers and hospitals to be called:

Physician _____ Phone _____ Dentist _____ Phone _____

Medical Specialist _____ Phone _____ Local Hospital _____ Phone _____

Medication

All medication required at school must be accompanied by a separate medication authorization form.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Parent/Guardian Name (printed) _____ Signature of Parent/Guardian _____ Date _____



Medical Record

Campus: _____ Grade: _____

Student Name: _____ Birth Date: _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Medical History

Please provide the year of any of the following illnesses:

Chicken Pox:	Scarlet Fever:	Eczema:	Diabetes:
Measles:	Convulsions:	Ear Infections:	Heart Disease:
Mumps:	Strep Throat:	Hearing Problems:	Kidney Disease:
Rubella:	Hay Fever:	Vision Problems:	Other:

Does your child have: (If yes, please explain.)

1. Any known physical handicaps:
2. Allergies or asthma:
Emergency treatment required:
3. Bee sting allergy / food allergies:
Emergency treatment required:
4. Hospitalization (reason and dates):
5. Injuries or operations:
6. Serious illness:
7. Currently taking any medication:
Name of medication:
Reason for medication:
8. Will your child need medication at school? YES or NO
9. Other health problems or concerns:

Parent / Guardian Signature: _____ Date: _____



Home Language Survey

Name of Student: _____
(First) (Middle) (Last)

Male / Female _____ Date of birth: _____ Grade Entering: K 1 2 3 4 5 6 7 8 9 10 11 12
(circle one) (circle one)

Place of Birth: _____
(city) (State / Province) (Country)

Parent / Guardian 1 First and Last Name

Parent / Guardian 2 First and Last Name

Home Address: _____
(House Number and Street Name)

(City, State, and Zip Code)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

1. What Language did your child speak when they first learned to talk? _____
2. What language does your child use at home primarily? _____
3. What language does your child most often hear the adults use? _____
4. Has your child ever attended school outside of the United States? _____

Parent Signature: _____ Date: _____



Community Service Requirement Form

Student Name: _____

Grade (Fall 2022): _____

COMMUNITY SERVICE PROGRAM

For each year enrolled at AEA, the student must complete a minimum of **5 hours** in Intermediate School, (grades 4-6) **15 hours** in Middle School (grades 7-8) and **25 hours** in High School (grades 9-12).

Community Service Program Purpose:

- Help students become more active members of their community
- Increase student knowledge and understanding of their community
- Meet real community needs
- Foster relationships between the school and surrounding communities
- Encourage student altruism and caring for others
- Improve student personal and social development
- Teach critical thinking and problem-solving skills
- Increase career awareness and exposure among students
- Improve student participation in and attitudes toward school
- Improve student achievement in core academic courses
- Reduce student involvement in risk behaviors
- Global awareness

Community Service Project Examples:

Some examples of Community Service Projects that would receive credit towards the 15/25-hour minimum requirement would include, but are not limited to, volunteering at the American Red Cross, helping out in a nursing home, and/or assisting a non-profit agency.

Community Service Hours:

All hours must be human or animal service related, unpaid and completed outside of school hours. All hours must be documented in writing. Parents may not sign the form as a supervisor. Paperwork of completion must be turned into the office by the last day of school. Completion of the community service requirement will be listed on the student's final yearly transcript.

Community Service Activity and Prior Approval Forms:

Community Service Activity Forms can be obtained from the school secretary. Students are encouraged to keep a copy of all forms submitted for their own records.

By signing below, I acknowledge that I have read, and understand that all students attending the Albert Einstein Academy are required to complete a specific number of community service hours during each of the years that they attend the school.

Parent/Guardian: _____

Date: _____

Student: _____

Date: _____



Student Code and Standards Form

All AEA students promise to abide by the following Student Code of Conduct:

I will familiarize myself with all provisions contained in the AEA Student Handbook (available online at www.aeao.org).

I will abide by all AEA policies and follow the directions of the administrators, staff, and instructors of the school as they implement those policies.

I understand that AEA is an academic institution, and that I am here to learn. I will make my academic commitments my highest priority, and I will conduct myself with all proper decorum in accordance with an academic institution.

I will abide by the established AEA Dress Code.

As stipulated in the AEA Academic Integrity Policy, I agree not to cheat, copy, or plagiarize on any assignment or exam, nor will I help anyone else cheat, copy, or plagiarize.

I will be honest and forthright in all my dealings with administrators, staff, and instructors.

I will show respect for the property and physical environment of others, the school, and the community. I will treat others with respect and courtesy, settling disputes in a reasonable manner and without violence.

I will not verbally, physically, mentally, or emotionally harass, bully, or intimidate any student/employee of AEA.

I understand and agree to abide by the contents and principles of the AEA Student Code. I acknowledge that violating the stipulations above could lead to serious consequences including suspension or expulsion from the school.

Student Name: _____

Student Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____



Student-Parent Directory Release Form

In an effort to help the Albert Einstein Academy community stay better connected throughout the school year we will be compiling a Student Directory that includes students' and parents' names, addresses, phone numbers, and e-mail addresses. Your information will be included in this directory unless you choose to opt out by checking the box below. We do not share your personal information and/or our school directory with any other organizations or with individuals unaffiliated with our school.

Below is information that will be included in the directory unless otherwise specified:

Student's name:

Grade:

Parent/Guardian 1:

Parent/Guardian 2:

Home address:

Home phone:

Cell phone:

Email:

I grant Albert Einstein Academy the right to print the above information in a school directory.

Signature: _____ Date: _____

Student Name: _____

OPT OUT: Please DO NOT INCLUDE our contact information in the Student Directory



Photo/Videotape Release Form

Throughout the school year, there may be times when Albert Einstein Academy staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audiotape/videotape students, or interview students for school- related stories in a way that would individually identify a specific student. Those photographs and/or audio/videotaped images or interviews may appear in school or district publications; in school or district video productions; on the school or district Web site; in the news media; or in other nonprofit, education-related organizations' publications.

Please complete this form, and return it to your child's school

I hereby grant unto my child's school, Albert Einstein Academy, permission to use my child's photograph and/or videotaped image for the purposes mentioned above. I understand and agree that Albert Einstein Academy may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant unto Albert Einstein Academy permission to allow my child to be photographed, audio/ videotaped, or interviewed by the news media or other organizations for school-related stories or articles.

Please check one: _____ Yes, permission granted

 _____ No, permission is not granted

Student's Name Grade

Parent/Guardian's Name

Parent/Guardian's Signature Date

Albert Einstein Academy

Phone: (440) 471-4982

Fax: (440) 617-6809

PICK-UP & RELEASE AUTHORIZATION

2022-23 SCHOOL YEAR

The school will release the below named child to the following persons only. Changes to these authorized names must be in writing, signed, and dated by the parent(s) or legal guardian(s).

I _____ authorize the following persons to pick up my
(Parent/Guardian Name)

child, _____ :
(Child's Name) (Grade)

Please list any authorized person who will be picking up your child including mother, father and/or guardian. Failure to list a child's parent will not diminish parental rights and those written in a current court order.

Names:	Phone Numbers:
1) _____	(Home) _____ (Work/Cell) _____
2) _____	(Home) _____ (Work/Cell) _____
3) _____	(Home) _____ (Work/Cell) _____
4) _____	(Home) _____ (Work/Cell) _____
5) _____	(Home) _____ (Work/Cell) _____
6) _____	(Home) _____ (Work/Cell) _____
7) _____	(Home) _____ (Work/Cell) _____

Please notify the school office by **phone and written note/email** when someone other than the regularly scheduled person is picking up your child.

Parent/Guardian Signature: _____ Date: _____



Albert Einstein Academy of Ohio
Lakewood, North Olmsted, and Strongsville

We Specialize In You!

AEA Teaching Philosophy

We are teachers by training, but more importantly, we are teachers by nature. We are committed to interdisciplinary education and believe a global perspective is necessary for our students to compete in the 21st century global economy. We read and incorporate current research into our teaching and believe in “best Practices”. We think, act, and teach “outside of the box”. We will facilitate your child’s learning to be deeper than you or they believed possible. Our students will not only be learning but they will also be creating knowledge. Learning will feel different, better, more satisfying, and complete. Teaching and learning will be collaborative, conversational, and meaningful. Albert Einstein Academy will function as a comprehensive learning community with every child and family receiving what they need to experience academic and personal growth.

Visit us at www.aeaohio.org

Lakewood Campus (Grades 7-12): 14725 Detroit Ave.
North Olmsted Campus (Grades K-12): 26855 Lorain Rd.
Strongsville Campus(Grades K-11): 20566 Albion Re.

Albert Einstein Academy of Ohio | 2022 - 2023 District Calendar

AUGUST '22						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

17 - 23 Teacher Work Days
24 First Day for Students

FEBRUARY '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

20 Presidents' Day
24 Prof. Development Day

SEPTEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

5 Labor Day
23 Prof. Development Day

MARCH '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

20-21 Parent / Teacher Conferences
23 End of Quarter 3
24 Prof. Development Day

OCTOBER '22						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

27 End of Quarter 1
28 Prof. Development Day
31 Halloween

APRIL '23						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

10-14 Spring Break
28 Prof. Development Day

NOVEMBER '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

18 Prof. Development Day
21-22 Parent/Teacher Conferences
23-25 Thanksgiving Break

MAY '23						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

12 Seniors Last Day
19 Prof. Development Day
21 Graduation Ceremony
29 Memorial's Day

DECEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

22- Jan. 2, 2023 Winter Break

JUNE '23						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

2 End of 4th Quarter
2 Last Day for students
5-6 Teacher Work Days

JANUARY '23						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2 Prof. Development Day
13 End of Quarter 2
16 M.L. King Day

Key:

	No School
	End of Quarter
	School Events
	End of Quarter
	Teacher Work Days

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